



## Complete Summary

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### TITLE

Mental health: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance.

### SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance.

### RATIONALE

There are relatively few indicators of the quality of mental health care in relation to the importance of these conditions. This reflects the complexity of mental health problems, and the complex mix of physical, psychological and social issues that present to general practitioners. The indicators included in the Quality and Outcomes Framework (QOF) can therefore only be regarded as providing a partial view on the quality of mental health care.

For many patients with mental health problems, the most important indicators relate to the inter-personal skills of the doctor, the time given in consultations and the opportunity to discuss a range of management options. Within the 'patient experience' section of the quality framework (see the original measure documentation), there exists the opportunity to focus patient surveys on particular groups of patients. This would be one way in which a practice could look in more detail at the quality of care experienced by people with mental health problems.

Mental health problems are also included in some of the organisational indicators (see the original measure documentation). These include the need for a system to identify and follow up patients who do not attend where the practice has taken on a responsibility for administering regular neuroleptic injections, significant event audits which focus specifically on mental health problems, and methods of addressing the needs of carers.

This measure is one of six [Mental Health](#) measures. The Mental Health indicator set focuses on patients with serious mental illness. There are also indicator sets that focus on people with depression and dementia (see the original measure documentation for details).

Poor compliance with medication is well recognised, and it is estimated that around 50% of people with schizophrenia do not always take their medication regularly. This may lead to relapse, hospitalisation and poorer outcome (Csernansky and Schuchart, 2002). There is also evidence to suggest that non-attendance at appointments may be interpreted by some practices as "irrationality," as part of having a serious mental illness, rather than recognising that not turning up for an appointment may be a sign of relapse (Lester et al., 2005).

## PRIMARY CLINICAL COMPONENT

Mental health; non-attendance; follow-up care

## DENOMINATOR DESCRIPTION

Patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review

## NUMERATOR DESCRIPTION

Number of patients from the denominator who are identified and followed up by the practice team within 14 days of non-attendance

Note: This indicator requires proactive intervention from the practice to contact the patient and enquire about their health status. This may be through telephone contact or visit where appropriate. If the person is in contact with secondary care, it will be appropriate to contact their key worker to discuss any concerns. Evidence will be required as to how this contact has been made.

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
National reporting  
Pay-for-performance

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

See "Rationale" field.

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Living with Illness

#### IOM DOMAIN

Effectiveness  
Patient-centeredness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

Patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review\*

\*Note: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable.

Refer to the original measure documentation for further details.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review

### Exclusions

See "Description of Case Finding" field for exception reporting.

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Clinical Condition

Patient Characteristic

## DENOMINATOR TIME WINDOW

Time window is a single point in time

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Number of patients from the denominator who are identified and followed up by the practice team within 14 days of non-attendance

Note: This indicator requires proactive intervention from the practice to contact the patient and enquire about their health status. This may be through telephone contact or visit where appropriate. If the person is in contact with secondary care, it will be appropriate to contact their key worker to discuss any concerns. Evidence will be required as to how this contact has been made.

### Exclusions

Unspecified

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Medical record  
Registry data

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

External comparison at a point in time  
Internal time comparison  
Prescriptive standard

## PRESCRIPTIVE STANDARD

Payment stages: 40-90%

## EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA). Quality and outcomes framework guidance.  
London (UK): British Medical Association (BMA); 2006. 132 p.

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

MH 7. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance.

## MEASURE COLLECTION

[Quality and Outcomes Framework Indicators](#)

## MEASURE SET NAME

[Mental Health \(MH\)](#)

## DEVELOPER

British Medical Association  
National Health System (NHS) Confederation

## ENDORSER

National Health Service (NHS)

## ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2006 Feb

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

#### MEASURE AVAILABILITY

The individual measure, "MH 7. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance," is published in the "Quality and outcomes framework guidance." This document is available in Portable Document Format (PDF) from the [British Medical Association Web site](#).

#### NQMC STATUS

This NQMC summary was completed by ECRI on May 22, 2006. The information was verified by the measure developer on August 11, 2006.

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